Standards for Youth Health Centres in Nova Scotia

April 2004

Standards for Youth Health Centres
Prepared by the Youth Health Centres Standards Task Team

For The CAYAC Subcommittee on Youth Health Centres

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Introduction

Approximately 23 youth health centres operate throughout Nova Scotia, providing a wide range of health services and other supports to youth. An evaluation of youth health centres in Nova Scotia was completed in 2003. The final evaluation report included analysis and recommendations in the areas of structure, operations and outcomes of youth health centres.

The evaluation report recommended that province-wide policies, standards and evaluation should be developed to for youth health centres. In response to this recommendation, the Youth Health Centres Subcommittee of the Children and Youth Action Committee (CAYAC) was tasked with developing provincial system-level standards for youth health centres. A Standards Task Team was created to provide input into the standards development process. The Task Team had a diverse membership from across the province (members a re listed in Appendix A).

The Task Team met three times between February 18 and March 25, 2004, and this report represents the culmination of their work. The standards contained within are recommended for adoption in their entirety. The standards in all of the categories are necessary to ensure a consistent approach among youth health centres across the province.

Rationale for the Standards

Background

The 2003 evaluation of youth health centres in Nova Scotia found that youth health centres currently in operation throughout the province operate in one or more of three roles: health promotion, primary health care services, and health education. Four major activities of youth health centers identified through the evaluation include providing health services, providing a youth-centred environment, providing opportunities for youth development and community involvement, and developing partnerships and networks. Participants in the evaluation agreed that youth health centres provide a focal point for youth to get professional advice and expertise on health-related matters.[i]

Because the evaluation of youth health centres in Nova Scotia is a relatively new process, the 2003 evaluation did not provide evidence about the outcomes of youth health centres in Nova Scotia. The lack of outcome data specific to youth health centres is not unique to Nova Scotia; the literature has identified this as an area in need of more research. Despite the lack of outcome data, there is a considerable body of literature that documents the benefits of youth health centres. A systematic literature review conducted for the New Zealand Ministry of Health in 2002 reviewed 23 empirical studies about youth-targeted primary care.[ii]

The review found that improved access to health care is linked to a reduction in risky behaviours, improved health status, and is an indicator of equity. Evidence links access to a regular source of primary care with improvement in health status. The literature review concluded that there is strong evidence that there is improved access to and utilization of primary care services for youth who have access to youth-specific services. Youth who particularly benefit from the enhanced access to youth-targeted services are youth who are socio-economically disadvantaged, female, and at-risk.

Research has also identified a number of factors that increase access for youth, which should be taken into consideration in the design of services for youth, including easy physical access,

helpful care, trustworthy staff, confidentiality, good opening hours, comfortable atmosphere, youth-oriented and convenient.

Rationale

The available evidence indicates that youth centered services are an important component of the primary health care system. This fact combined with a strong message expressed by participants in the 2003 evaluation about the need for province-wide standards for youth health centres forms the rationale for the development of provincial, system-level standards for youth health centres in Nova Scotia.

Philosophical Foundation of the Standards

The task team developed the standards based on three important philosophical foundations, which include:

- Definition of health
- Population health approach
- Youth-centred focus

Definition of Health

The concept of health has been broadened over the past century, from the narrow view of health as the absence of disease to a more inclusive concept, emphasizing social and personal resources as well as physical capabilities. The Task Team used a broad definition of health to frame discussions about youth health centres. The following definition from Health Canada was used:

> *The population health approach recognizes that health is a capacity or resource rather than a state, a definition which corresponds more to the notion of being able to pursue one's goals, to acquire skills and education, and to grow. This broader notion of health recognizes the range of social, economic and physical environmental factors that contribute to health. The best articulation of this concept of health is 'the capacity of people to adapt to, respond to, or control life's challenges and changes'* [iii]

Population Health Approach

The population health approach is one that addresses many factors related to health. These factors, sometimes called the determinants of health, include:

- Income and social status
- Healthy child development
- Social support networks
- Personal health practices
- Education
- Individual capacity and coping skills
- Employment and working conditions
- Gender
- Social and physical environments
- Health services
- Genetics
- Culture

Addressing the range of factors that influence health is called a population health approach. A population health approach:

- Considers the conditions that create health as well as the root causes of illness.
- Uses information from a variety of sources to assess the health of the population, identify priorities for action and develop strategies that improve health.
- Uses many different strategies to improve the health of the population.
- Recognizes that many partners need to work together to promote and sustain the health of the population.
- Provides members of the population with meaningful ways of participating in strategies to improve health.

Key to addressing the factors that affect youth health is using a youth centred approach.

Youth-Centred Approach

The Task Team agreed that the standards would support youth health centres in using a youth-centred-approach. A youth-centred approach means that youth are *engaged*. Youth engagement is when youth meaningfully participate in all aspects of the youth health centre, including governance, program planning and implementation, evaluation, building partnerships, and communication. Youth health centres deliver programs and services in response to the needs and interests of youth. In addition to youth being involved and having a sense of ownership in youth health centres, literature suggests that there is a strong link between engagement and positive health outcomes. Engagement promotes and enhances self-efficacy.[iv]

A truly youth centred environment enables young people to act as initiators and to share the decision making process with adults. Most importantly, engaged youth assure that the decisions made concerning youth health centres accurately reflect the needs of the young people they serve.[v]

Policy Context for the Standards

Although the development of provincial standards is a major positive step forward for youth health centres, there are a number of other policy issues that must be addressed in order to ensure that youth health centres continue to effectively meet the needs of youth across the province. The Task Team recommends that these policy issues be addressed immediately to set the context for the full implementation of the standards.

Sustainable Funding

Many youth health centres currently experience inadequate and unpredictable funding to meet the needs of the youth that they serve. Uncertain funding has resulted in the closure of youth health centres and a high rate of staff turnover. The implementation of the standards outlined in this document will not be possible without a government policy decision that enables youth health centres to receive predictable and dedicated funding for operating costs.

Accessibility

There are many youth in Nova Scotia who do not have access to a youth health centre. Once funding for existing youth health centres is stabilized, an incremental plan is required that addresses when youth health centres will be implemented in areas of the province where none currently exist.

While youth health centres make an important contribution to promoting the health of youth, they cannot meet all of the health needs of all youth populations, such as out of school youth, homeless youth, or youth who do not have a means of transportation to the nearest youth health centre. Therefore, youth health centres should be viewed as an important contributor to an overall provincial strategy for promoting youth health but not seen as the only means of addressing the health needs of youth. In the absence of a youth strategy, there is no comprehensive approach to identifying, implementing and evaluating services and supports for promoting youth health.

Provincial Coordination

There are number of issues that would benefit from provincially coordinated effort, such as identifying the required elements of youth health centre policies on informed consent and the development of a common clinical guidelines manual. In addition, a provincial evaluation system for youth health centres needs to be designed and implemented. The Department of Health should facilitate the processes that engage youth health centres in addressing issues of provincial relevance.

Standards

The standards for youth health centres are divided into the following categories:

- Services
- Coordination
- Accessibility
- Staff and Volunteers
- Service Settings
- Governance and Accountability
- Quality Management

Category: Services

Goal Statement

1. Youth receive a comprehensive range of services that address their health needs in a youth-centred manner.

Standard Statements

1.1. The range of services provided by youth health centres are:

1.1.1. Determined by youth health centres in consultation with youth, partner organizations and community members.

1.1.2. Based on evidence, which includes literature, statistics, expert opinion, and community input.

1.1.3. Based on an assessment of needs and existing community resources.

1.2. Youth health centres provide a range of services that address the continuum of youth health, which may include:

1.2.1. Health promotion.

1.2.2. Health education.

1.2.3. Health counseling and support.

1.2.4. Clinical services.

1.2.5. Referrals to other services.

1.2.6. Building community capacity to promote youth health.

1.3. Youth health centres provide services to youth of all ages as defined by the youth health centre Steering Committee in consultation with youth, partner organizations and community members.

1.4. Youth health centres provide services in a way youth perceive to be friendly, non-judgmental and confidential.

Category: Coordination

Goal Statement

2. Youth are supported in navigating though health and social services to address their health in a timely manner.

Standard Statements

2.1. Youth health centres have documented procedures for referring youth to services that are not provided by the youth health centre.

2.2. Youth health centres provide follow-up with youth on referrals to ensure that the youth's needs were addressed through the referral.

2.3. Youth health centres assist youth in navigating through other community resources not provided through the youth health centre (e.g. applying for social assistance).

2.4. Youth health centres have documented procedures for sharing youth information with other school and community services when necessary, that include a definition of under what circumstances information may be shared.

Category: Accessibility

Goal Statement

3. Youth in Nova Scotia have access to a network of youth centered health services in or near their community.

Standard Statements

3.1. Youth health centres offer services in ways that reduce barriers to access and take into consideration where relevant:

3.1.1. Physical location and set up.

3.1.2. Hours and months of operation.

3.1.3. Affordability and availability of transportation to the youth health centre.

3.1.4. Culture.

3.1.5. Language.

3.1.6. Physical or mental disabilities.

3.1.7. Access for homeless youth.

3.1.8. Access for out of school youth.

3.1.9. Teacher permission to visit the youth health centre during the school day.

3.2. Youth health centres inform youth about how to access youth-centered services elsewhere when the youth health centre is closed.

Category: Staff and Volunteers

Goal Statement

4. Youth receive services from professionals and volunteers using a youth-centered approach.

Standard Statements

4.1. Services offered through youth health centres are provided by professionals with a degree in a health-related field, who are licensed or registered as appropriate for their profession.

4.2. Staff and volunteers of youth health centres use a youth-centred approach in the delivery of services to youth.

4.3. Youth health centres provide or support continuing education opportunities for staff to update and enhance skills for continued competent service provision.

4.4. Youth health centres have documented personnel procedures that define staff job descriptions, qualifications, responsibilities and supervision of employees as well as performance management.

4.5. Youth health centres involve youth in their hiring and performance management processes.

4.6. Youth health centres ensure that all staff and volunteers have passed a Child Abuse Register check and a criminal records check.

4.7. Youth health centres have documented procedures for volunteer recruitment, selection, on-going monitoring and supervision.

Category: Service Settings

Goal Statement

5. a. Youth receive services within safe settings.

   b. Youth receive services within youth-centred settings.

   c. Staff and volunteers of youth health centres work in safe settings.

Standard Statements

5.1. Youth health centres involve youth in planning for the physical setting of the youth health centre.

5.2. Youth health centres provide services to youth in physical settings that:

5.2.1. Comply with Building Code Act.

5.2.2. Comply with the Fire Safety Act.

5.2.3. Comply with the Occupational Health and Safety Act.

5.2.4. Comply with the Children and Family Services Act.

5.2.5. Comply with the Health Act.

5.2.6. Have access to communication tools including phone with voice mail and long distance capability, fax, computer, internet, email, printer and photocopier.

5.3. Youth health centres follow provincial infection control guidelines as outlined in the provincial Communicable Disease Control Manual.

Category: Governance and Accountability

Preamble

It is the intention of these standards that each youth heath centre be governed by a multi-partner Steering Committee. In certain circumstances, one Steering Committee may govern several youth heath centres. In addition to the Steering Committee, which is the governing body, every youth health centre has an Advisory Committee which provides advice about the operation of the centre. Unlike the Steering Committee which may be associated with several youth health centres, the Advisory Committee is unique and specific to each individual youth health centre.

Goal Statement

6. a. Youth health centres are managed under a collaborative governance model.

   b. Youth health centres are accountable to the youth, funders, partners and the communities that they serve.

Standard Statements

6.1. Youth health centres have written partnership agreements with all governing partners. The agreements include:

- 6.1.1. Roles and responsibilities of partners.
- 6.1.2. Processes for coordinating services and supports for youth.
- 6.1.3. Communication strategies.
- 6.1.4. Conflict resolution processes.

Steering Committee

6.2. Youth health centres have a steering committee with a membership that is:

- 6.2.1. Comprised of youth, representatives of the governing partners, community representatives, schools (where a youth health centre is located in a school) and health professionals experienced in working with youth.
- 6.2.2. Representative of the population served by the youth health centre in terms of cultural diversity.

6.3. The responsibilities of youth health centre steering committee include:

- 6.3.1. Defining and achieving the goals and objectives of the youth health centre.
- 6.3.2. Developing formal partnerships that support the goals and objectives of the youth health centre.
- 6.3.3. Monitoring compliance with provincial system standards.
- 6.3.4. Developing and monitoring compliance with written operational standards.

6.3.5. Monitoring compliance with legislation.

6.3.6. Ensuring annual financial audits are completed.

6.3.7. Developing a written policy on informed consent for the youth health centre.

6.3.8. Ensuring compliance with reporting requirements of the youth health centre funder(s).

6.3.9. Regularly assessing the needs of the population served and adjusting programs and services to meet changing needs.

6.3.10. Evaluating the youth health centre.

Advisory Committee

6.4. Youth health centres have an advisory committee with a membership that is comprised of at least:

6.4.1. A minimum of 50% youth membership.

6.4.2. Youth health centre staff.

6.5. The responsibility of the youth health centre advisory committee is to provide input into the programs and services offered through the youth health centre.

Category: Quality Management

Goal Statement

7. Youth receive confidential, cost effective and efficient services through youth health centres.

Standard Statements

7.1. Youth health centres implement a continuous quality improvement plan that supports the achievement of the centre's goals.

7.2. Youth health centres have a documented procedure for record keeping that:

7.2.1. Ensures that electronic and paper records are kept confidential and secure, in compliance with Privacy Act.

7.2.2. Enables quality and integrity in record keeping.

7.2.3. Data used for evaluations is aggregated.

7.2.4. Requires youth to sign a consent form for the release of records.

7.2.5. Contributes to a provincial monitoring and evaluation system.

7.3. Youth health centres have documented policies and procedures on confidentiality.

7.4. Youth health centres participate in provincial evaluations of youth health centres by collecting data outlined in a minimum data set established by the Department of Health.

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Appendix B: Endnotes

[i] Collins Management Consulting and Research Ltd. (2003). An Evaluation of Youth Health Centres in Nova Scotia: Phase 3 Report.

[ii] Mathias, K. (2002). Youth-specific primary health care – access, utilization and health outcomes: A critical appraisal of the literature. New Zealand Health Technology Assessment Report, 5(1): 1-97.

[iii] Health Impact Assessment as a Tool for Population Health Promotion and Public Policy by C.J. Frankish et al., Institute of Health Promotion Research, University of British Columbia, Vancouver: 1996

[iv] Centre of Excellence for Youth Engagment (2003). Youth engagement and health outcomes: Is there a link? Retrieved March 31, 2004, from http://webd.tgmag.centre/resourcedb/litrev2.htm

[v] http://www.kids.nsw.gov.au/files/tpsresources.pdf

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Department of Health
www.gov.ns.ca/health